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# State of New Hampshire

## Department of Health and Human Services

Public Hearing on Budget Request  
Friday, November 17, 2006  
Commissioner John A. Stephen



# Agenda

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- Welcome, introductions and opening remarks
- Today's objective
- Background and context
- Overview of budget
- Cost drivers and containment strategies
- Question and answer session



# Today's Objectives

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- Present DHHS budget request and outline key variables that impact its development, including
  - Cost drivers
  - Assumptions
  - Future uncertainties
  - Key challenges
  
- We will not get into the specifics of any one program or function within the Department



# Background and Context

DHHS Mission & Core Value  
DHHS Responsibilities  
DHHS Response



# DHHS

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## New Hampshire State Statute Section 126-A:4

"[The] department shall be organized to provide a comprehensive and coordinated system of health and human services as needed to promote and protect the health, safety, and the well-being of the citizens of New Hampshire. Such services shall be directed at supporting families, strengthening communities, and developing the independence and self-sufficiency of New Hampshire citizens to the extent possible."



# DHHS Responsibilities

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- Manages the design and delivery of services
  - Social, health, protection, medical, nutrition and financial services
  - Protect health of the public
- Manages a complex network of provider relationships
  - Provider agencies, individuals, organizations, institutions
- Manages the budget, revenue and expenses
  - Financial management of federal, state and local funds
- Manages data and transformation into useful information
  - Highly interdependent upon large complex IT systems
- Manages stakeholder relationships
  - Legislative, executive, public, private, consumer
- Manages people, process and organization
  - Large and geographically dispersed enterprise
- Monitors operations continually to insure quality and integrity in all facets of the business



# DHHS Overview

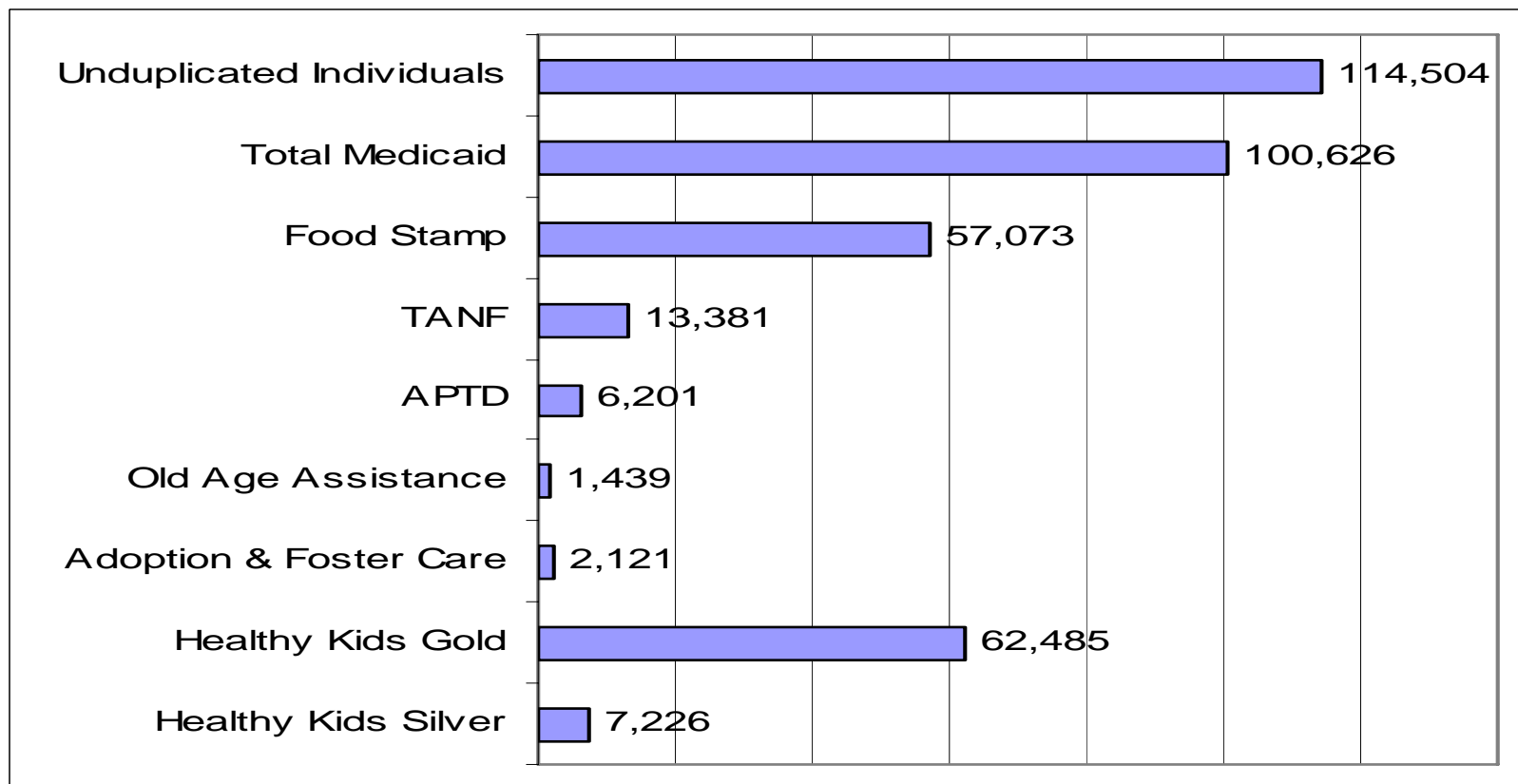
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## ➤ Core Values of DHHS:

- Return maximum value to NH citizens; always be aware our purpose derives from their will and our funding from the taxpayers
- Treat all stakeholders with respect & dignity including clients, employees and vendors
- Encourage individual initiative & continuous self-improvement
- Exhibit honesty & integrity in all matters

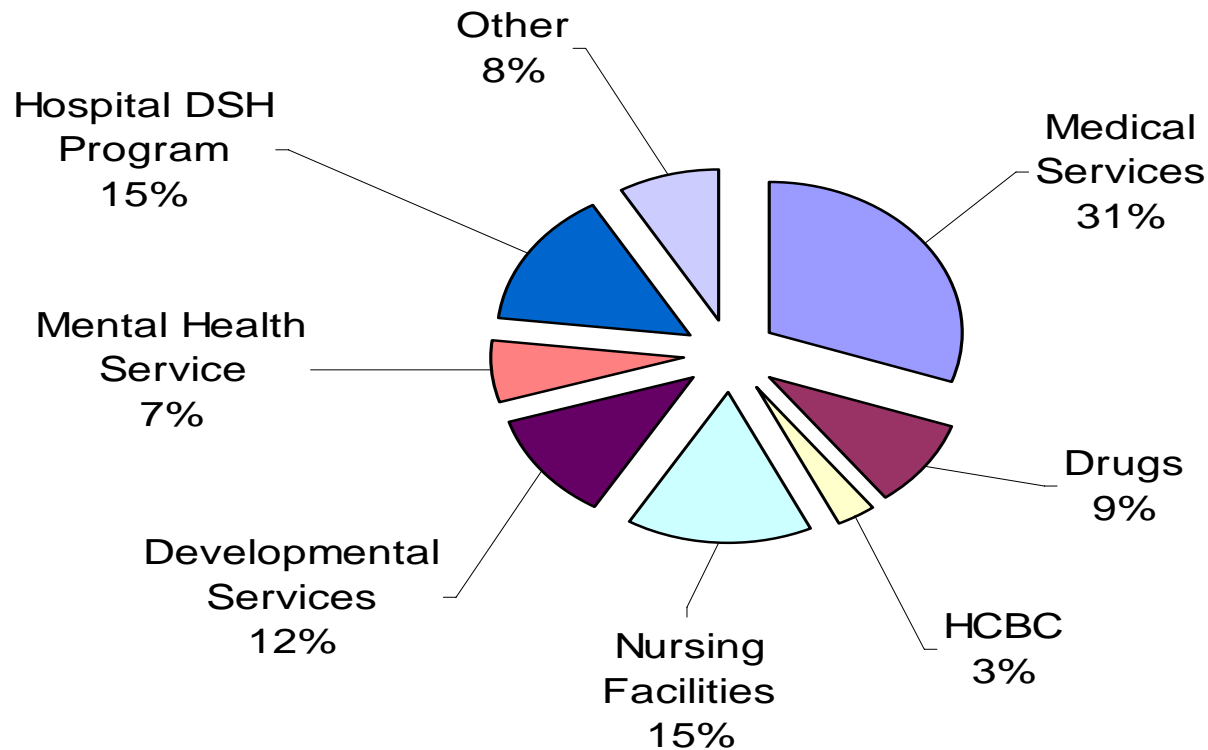


# DHHS Service Beneficiaries As of September, 2006

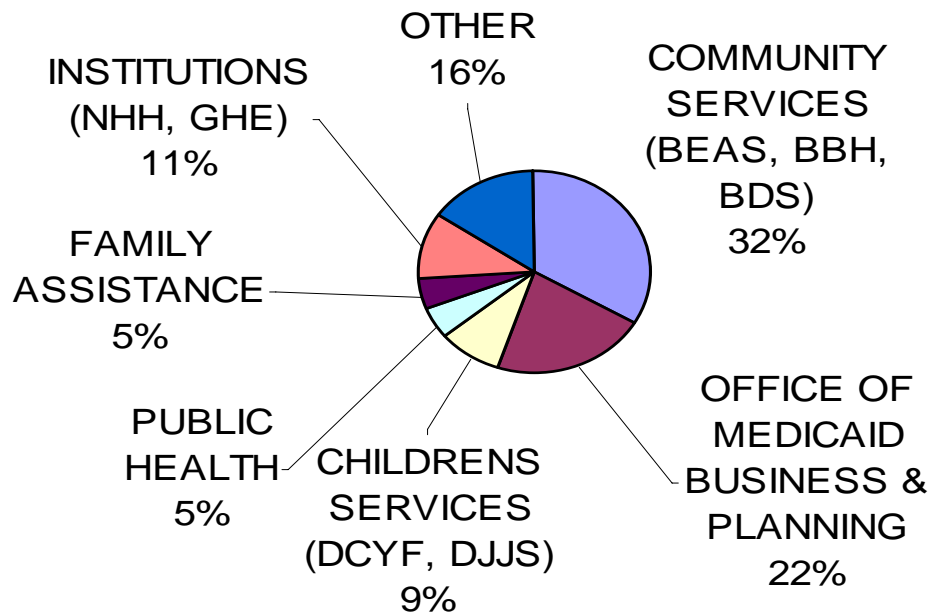




# DHHS Medicaid Program Accounts for 62% of Expenditures



# DHHS Budget Organization Percent of Budget





# Factors Impacting Budget Development

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- **Beneficiaries**

- Aging population with too few resources for long term care
- Unrestricted access to medical care with no responsibility for healthy choices and outcomes
- Significant increase in children diagnosed with autism
- Substance abuse pervades many lives and programs

- **Providers**

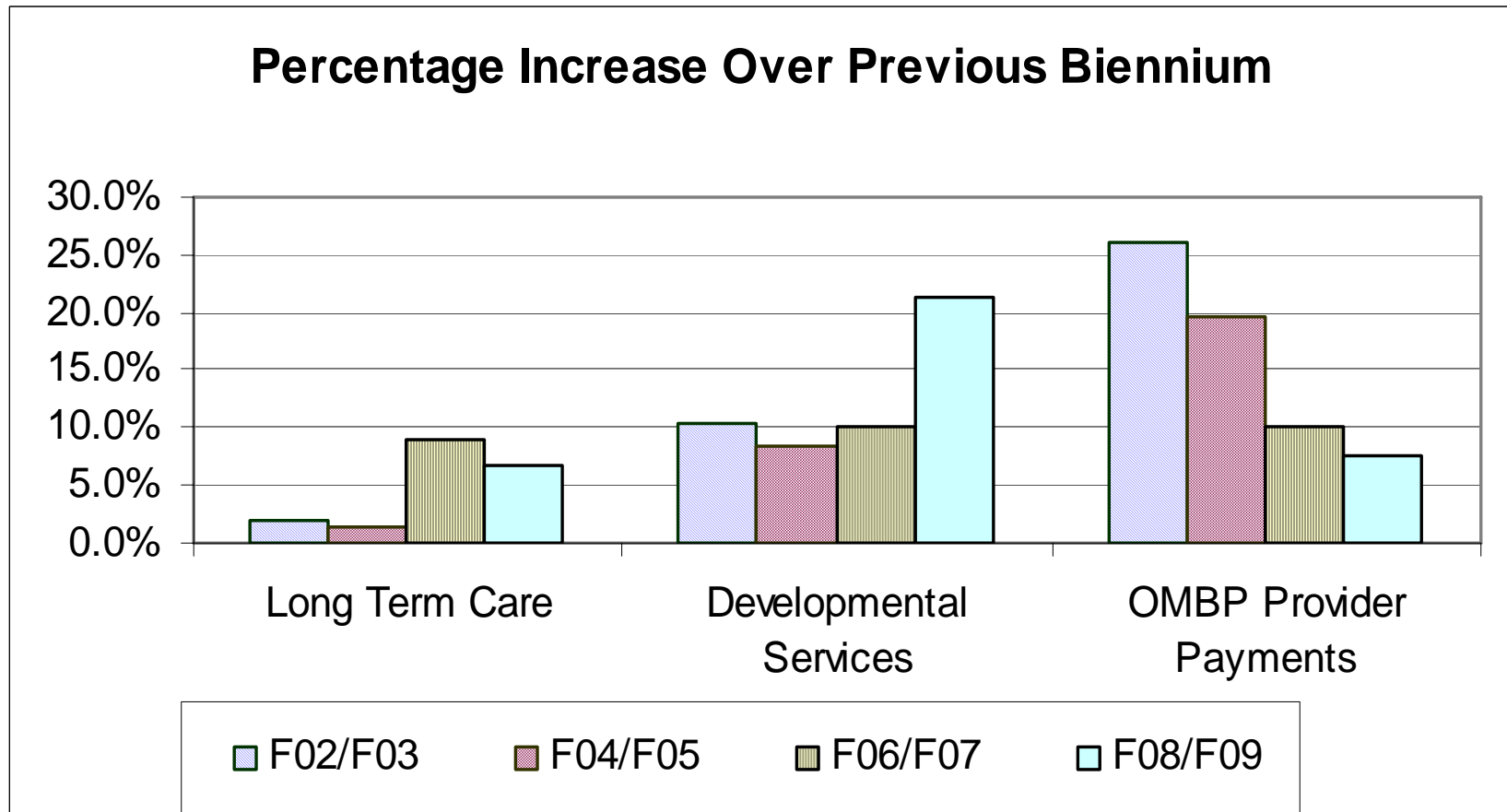
- Rate structure is inflexible, non-uniform, and inadequate in some areas
- Payment methods do not promote/reward efficiency, innovation and outstanding performance of providers

- **Federal Funding**

- Federal budget initiatives and changes in federal program management place federal funding at risk



# DHHS Programs with Increasing Cost





# DHHS Has Succeeded In Challenging Times 1 of 2

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- Commitment to soliciting stakeholder input to improve programs
- Long Term Care
  - GraniteCare for long term care is working, keeping seniors in the community
  - Senior Center wellness programs are promoting healthy lifestyles
- Consolidation of the developmental service area agencies achieved projected savings, which was used to provide services for individuals on the waitlist
- Work Participation Plan approved by legislature to help TANF beneficiaries on their road to financial independence (TANF Reauthorization)
- Improved ability to address emergencies (Pandemic response, Avian flu, EEE, DHHS emergency operation plan)

# DHHS Has Succeeded In Challenging Times 2 of 2

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## ➤ Children

- Enrollment in Healthy Kids Silver increase from 6,840 children in June, 2005 to 7,315 children currently
- LicensedPlus rewards child care providers for quality programming
- New facility and programming for YDC and YDSU

## ➤ Medical Cost

- Preferred drug list
  - Pharmacy best price
  - Disease management
- DHHS reorganization initiated in 10/2003 has resulted in maximizing available resources, reducing layers of the organization, minimizing redundant operations, lower costs



# Area Agency Consolidation

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Recommendation-June, 2004

- Merge Center of Hope, Center Conway (Region 11)  
With Northern New Hampshire Mental Health and Developmental Services,  
Conway (Region 1)
- Merge United Developmental Services (UDS) in Lebanon (Region 12)  
With Developmental Services of Sullivan County (DSSC) in Claremont (Region 2)
- Estimated Annual Savings In Administrative Cost: \$656K to \$821K

## Results

- Actual Savings-SFY07: \$787K
- 40 people from waitlist provided services with the savings. Waiting period for these individuals ranged from 90 days to a year. 33 received funding for day/vocational services, 9 received funding for residential services and 3 received funding for independent living services.



# Partial List of Stakeholder Groups Who Work With DHHS

Legislative Oversight Committees, Adult Day Services of New Hampshire, American Heart Association, AARP, American Cancer Society, American Public Human Services Association (APHS) Area Committees on Aging (ACOA), Area Health Education Centers (AHEC) BBH Older Adult Advisory Committee, BBH System Transformation Steering Committee, Bishop's Committee on Sexual Misconduct, Diocese of Manchester, BiState Primary Care Association Center for Law and Social Policy (CLASP), Chapin Hall, Child Care Advisory Council, Child Health Services Child Welfare League of America, Children's Systems of Care Leadership Committee Children's Advocacy Network, Children's Alliance of NH, Commissioner's Adoption Advisory Committee, Community Health Access Network (CHAN), Community Mental Health Centers Community Support Network, Inc. (Area Agency Consortium), Council for Children and Adolescents with Chronic Health Conditions and Their Families, Dartmouth College, Dartmouth Evidence Based Practices Center, DCYF Advisory Board, DCYF Citizen Review Panel, Department of Corrections Developmental Disability Area Agencies, DHHS Suicide Prevention Taskforce, Disabilities Rights Center, Early Education and Intervention Network, Early Learning Guidelines Task Force, Early Learning New Hampshire (ELNH), Easter Seals, Endowment for Health, Family Support NH, Family Voices, 5 A Day Coalition, Food Research Action Council (FRAC), Foundation for Healthy Communities, Franklin Pierce Law Center, Friends of Recovery, New Hampshire, Government Leaders Methamphetamine Task Force, Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment, Governor's Commission on Domestic Violence and Sexual Assault, Governor's Council on Disability, Governor's Council on Physical Fitness, Governor's TANF Oversight Committee, Governor's Task Force for Perinatal Substance Abuse, Granite State Guardianship Services, Granite State Independent Living, HB 1461 TANF Oversight Committee, Head Start State Parent Advisory Council, Healthy Kids Corp, Healthy Kids and Families Coalition, Healthy New Hampshire Foundation, Home Care Association of New Hampshire Home visiting NH Advisory Board, Infant/Toddler Task Force, Institute on Disability (UAP at UNH) Interagency Coordinating Council, Part C, IDEA, Interagency Council on Women Offenders, Legislative Community on Abuse and Neglect, Manchester (and Nashua) Health Departments, Medicaid Eligibility Technical Assistance Group (E-TAG), Medicaid for Employed Adults with Disabilities Workgroup (MEAD) MCAC (Medical Care Advisory Committee) includes consumers, Medical Care Advisory Committee (MCAC), Medical Home Improvement Project- CMRC, Medicare Savings Plan Coalition, Mental Health Commission Leadership Group Merrimack County Head Start Children's Health Advisory Council, National Alliance on Mental Illness, New England States Consortium Systems Organization (NESCSO), New Hampshire Chapter, New Futures, NH Adoption Advisory Committee, NH Alcohol and Drug Counselors Association, NH Alcohol and Drug Providers Association, NH Association of Counties NH Association of Senior Centers, NH Autism Society, NH Brain Injury Association, NH Care Management Collaborative for Children and Families, NH Children's Mental Health Committee NH Children's Trust Fund, NH Coalition on Aging, NH Coalition to Prevent Shaken Baby Syndrome, NH Community Behavioral Health Association, NH Consumer Council, NH DCYF Statewide Child Welfare Committee, NH Dental Society, NH Department of Justice, NH Developmental Disabilities Council, NH Diabetes Association, NH Domestic Violence Fatality Review, NH Emergency Shelter Commission, NH Health Care Association (NHHCA), NH Health Officers Association, NH Hospital Association, NH Independent Case Managers, NH Infant Mental Health Committee, NH Institute for Health Policy and Public Health Practice, NH Insurance Department, NH Interagency Coordinating Council (Regarding Early Intervention Services), NH Legal Assistance, NH Legislative Primary Prevention and Wellness Committee, NH Lung Association, NH Medical Society, NH Mental Health Consumer Council, NH Nurses Association, NH Partnership for Early Literacy, NH Pediatric Society NH Prevention Association, NH Public Health Association, NH Retail Pharmacy Association, NH School districts, NH School Social Work Association, NH State Planning Council, NH Statewide Oral Health Coalition, NH Task Force on Family Law, NH Task Force on Women and Recovery, North Country District Council, Northeast Delta Dental and dental providers, Office of Public Guardian Parent Information Center, Parent to Parent of NH, Partners in Health, Peer Support Directors Association, People First Of New Hampshire, Plymouth State University Social Work Advisory Committee, Private Health Insurers, Private Provider Network, Seniors Count, Southeast Regional Special Education Consortium, Southern (and Northern) Area Health Education Center(S) State Committee on Aging (SCOA), Statewide Family Support Advisory Council, Strengthening Families Leadership Group, Substance Abuse and Mental Health Services Administration, Town Welfare Advisory Group, Town Welfare Association Executive Committee, UNH Institute on Health Policy and Practice, University of NH Social Work Advisory Committee, Workforce Development Task Force, Workforce Opportunity Council (WOC), Youth Suicide Prevention Advisory Assembly (YSPAA)



# Senior Center Wellness Program

## Participating Senior Programs

Atkinson Recreation Commission Senior Program  
Belknap-Merrimack CAP-7 locations  
Charlestown Senior Citizens Club  
Claremont Senior Center, Inc  
Danbury Workshop Inc.  
Gibson Center for Senior Services (North Conway)  
Greater Wakefield Resource Center Inc.  
Grafton Senior Citizens Council-6 locations  
Keene Senior Center  
Londonderry Senior Center (Town of)  
Newport Senior Center Inc.  
Ossipee Concerned Citizens, Inc.  
Pelham Senior Center  
Portsmouth Housing Senior Citizen Center  
Prime Time-Catholic Medical Center-Manchester  
Rockingham Nutrition & MOW Inc-Exeter Sr. Ctr.  
Salem Council on Aging, Salem Senior Center  
Senior Activity Center, Nashua Senior Center  
Somersworth Housing, Fillion Terrace Senior Ctr  
Tri County CAP North Country Elderly Programs  
Vic Geary Senior Center, Town of Plaistow  
White Birch Community Center (Henniker)  
Wm. B. Cashin Senior Activity Center Manchester

## Sample of Programs Funded

Aerobic and exercise classes  
Agile Up Fitness Program  
Aqua Aerobics Exercise  
Educational and socialization programs  
Foot clinic, walking program, socialization for rural residents  
Healthwise Program  
Healthy Eating, Nutrition and cooking for one  
Heart rate monitor, treadmill recumbent bike, rowing  
marching, fitness groups, age in motion  
Line dancing, chair exercise  
Nutrition education program  
Strength training program  
Stress management program/aromatherapy, reikki  
Tufts' Strong Living Program  
Walk More and Eat Better Program  
Walking program  
Wellness education, walking group, diet support group  
Wellness program 1. Exercise, 2. Nutrition  
Yoga instructor  
Treadmill recumbent bike, rowing marching, age in motion

# Child Care Quality LicensedPlus

## Programs Achieving Standards- \$228,197 For Awards

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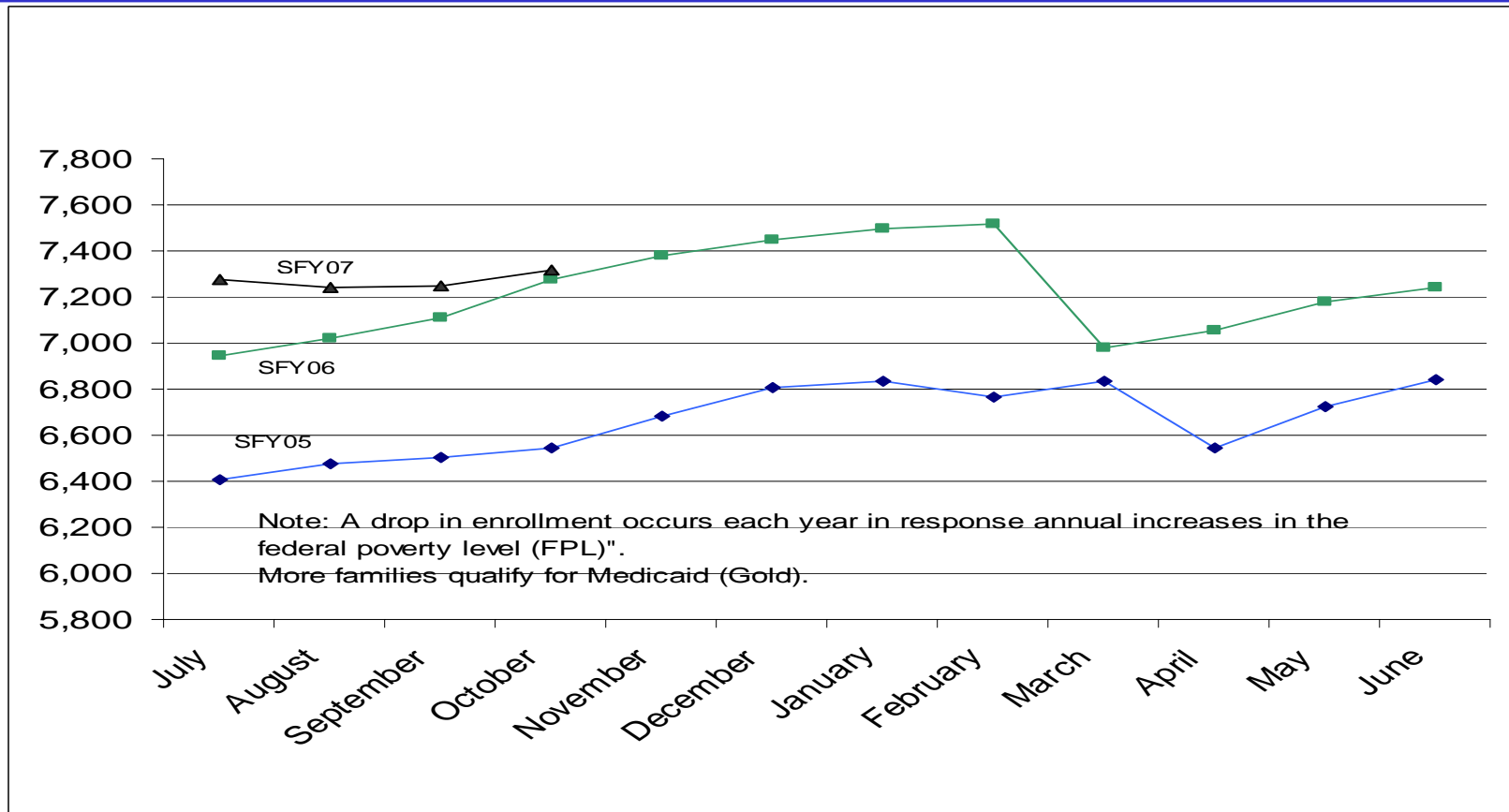


Above & Beyond Childcare, Inc, Hooksett  
Ark, Christian Nursery & Learning Center, Inc. (The), Tilton  
Cinnamon Street Early Education and Childcare Ctr, Newport  
Community Child Care Center, Portsmouth  
Concord Family YMCA/Child Development Center, Concord  
Dover Daycare Learning Center Inc, Dover  
East Side Learning Center, Concord  
Easter Seals Child Development Center, Manchester  
Ellen Wirta Family Day Care, Sunapee  
Elliot Child Care Center, Manchester  
Exeter Day School, Exeter  
Franconia Children's Center, Franconia  
Great Bay Kids' Company, Exeter  
Great Bay Kids' Company, Newmarket  
Growing Years (The), Manchester  
Keene Day Care Center, Inc, Keene  
Keene Day Care Center, Inc - School Age Program, Keene  
Lakes Region Child Care Center, Gilford Early Learning  
Lakes Region Child Care Center, Laconia Early Learning  
Learning To Grow Inc., Lee  
Lil' Angels Family Daycare, Derry  
Lily Garden Learning Center (The), Westmoreland

Little Apples Day Care & Learning Center, Inc., Hooksett  
Little Blessings Preschool and Day Care, Portsmouth  
Little Frogs and Polliwogs Learning Center, Inc, Manchester  
Merrimack Valley Day Care Service, Concord  
Merrimack Valley Day Care Service @ Eagles Bluff, Concord  
Merrimack Valley Day Care @ Jennings Dr After School, Concord  
Merrimack Valley Day Care Service @ MCNH, Boscawen  
Merrimack Valley Day Care Service @ NH Hospital, Concord  
Nashua Adult Learning Center Early Childhood Adventures-Lake St  
Nashua Adult Learning Centr Early Childhood Adventures-Arlington St  
New Concept Schools, Inc. Nashua Child Learning Center, Nashua  
New Hampton Child Care Center, New Hampton  
Next Generation Preschool and Daycare, Greenland  
Penacook Community Center, Penacook  
Rochester Child Care Center, Rochester  
Sandwich Childrens Center, Sandwich  
Somersworth Early Learning Center, Somersworth  
Stepping Stones School, Inc, New London  
Tamworth Pre-School, Inc dba Bearcamp Valley School & Children's Ctr  
Tender Years Childcare & Learning Center, Allenstown  
VNA Child Care and Family Resource Center, Manchester  
Wolfeboro Area Children's Center, Wolfeboro



# SCHIP (Silver)





# DHHS Challenges

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- Increasing numbers and complexities of clients
- Rising cost of medical services growing faster than inflation or State revenues
- Need for emergency planning and funding increasing
  - Separate legislation being submitted for anti-viral medication
- Purchasing methodologies based too focused on cost and not enough on outcomes and improvements
- Litigation
- County/State relationship
- Staffing & Organization to address significant issues
- Information technology-Working with old technology
- Federal funding at risk



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# DHHS Budget Overview

## Assumptions and Cost Drivers



# Budget Assumptions

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- Personnel
  - All positions are fully funded but budget reduced by footnote
  - Benefits calculated at 48.3% of salary totals
- Inflation factors to adjusted SFY '07 totals
  - 2.4% cost of living increases (Dept of Labor CPI)
  - 4.2% medical CPI increases
- Case load increases are minimal across the board
- The proposed budget reflects estimated savings from a number of transformation initiatives discussed later



# Budget Summary

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## Department's maintenance budget request

- Represents a general fund increase of 4.5% in SFY08 over SFY07 estimated spending and a 4.8% in SFY09 before two major initiatives
  - Fully funding the developmental services waiting list 6/30/09
  - Funding Project Recovering Lives
  
- Represents a general fund increase of 4.9% in SFY08 and 5.8% in SFY09 with these two major initiatives



# Maintenance Budget

Rounded to Millions \$\$\$	General Funds				TOTAL FUNDS			
	FY06	FY07	FY08	FY09	FY06	FY07	FY08	FY09
Proforma Before New Initiatives	\$603	\$623	\$667	\$699	\$1,653	\$1,712	\$1,834	\$1,924
Estimated F07 Deficits		\$15				\$31		
		5.9%	4.5%	4.8%		5.4%	5.2%	4.9%
New Program Initiatives								
Developmental Services Waitlist			\$4	\$11			\$9	\$22
Project Recovering Lives			\$2	\$2			\$2	\$2
Maintenance Budget Request	\$603	\$638	\$673	\$712	\$1,653	\$1,743	\$1,845	\$1,948
Proposed Hiring Delay/Freeze-Footnote			(\$3)	(\$3)			(\$6)	(\$6)
Agency Maintenance Budget	\$603	\$638	\$670	\$709	\$1,653	\$1,743	\$1,839	\$1,942
	105.9%	104.9%	105.8%		105.4%	105.5%	105.6%	



# Budget Highlights-Expansions

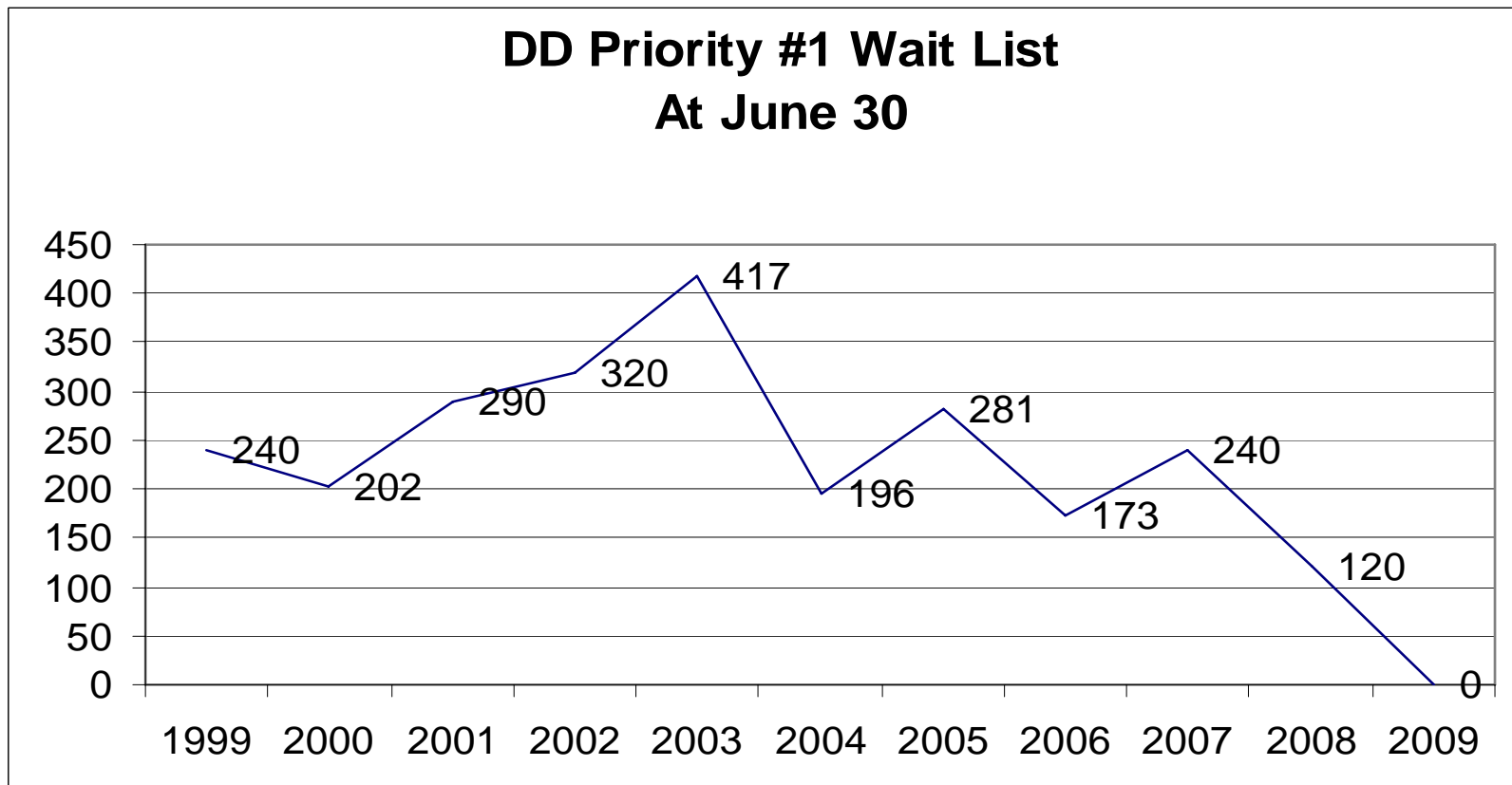
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## Program Expansions

- Fully funds the developmental services wait list by June 30, 2009
- Funds Project Recovering Lives
  - Program endorsed by DHHS, Attorney General, Dept. of Corrections, and , Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment
  - Long term savings expected for criminal justice system



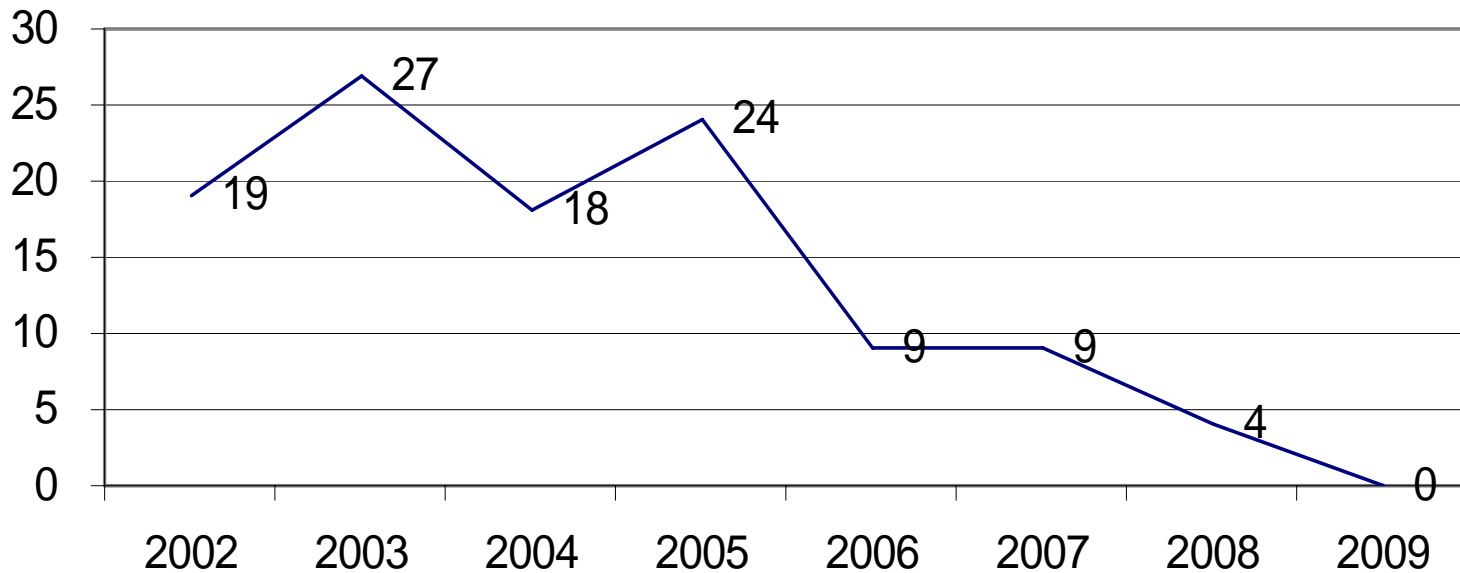
# Developmental Services Waitlists





# Developmental Services Waitlists

**ABD Waitlist  
At June 30**





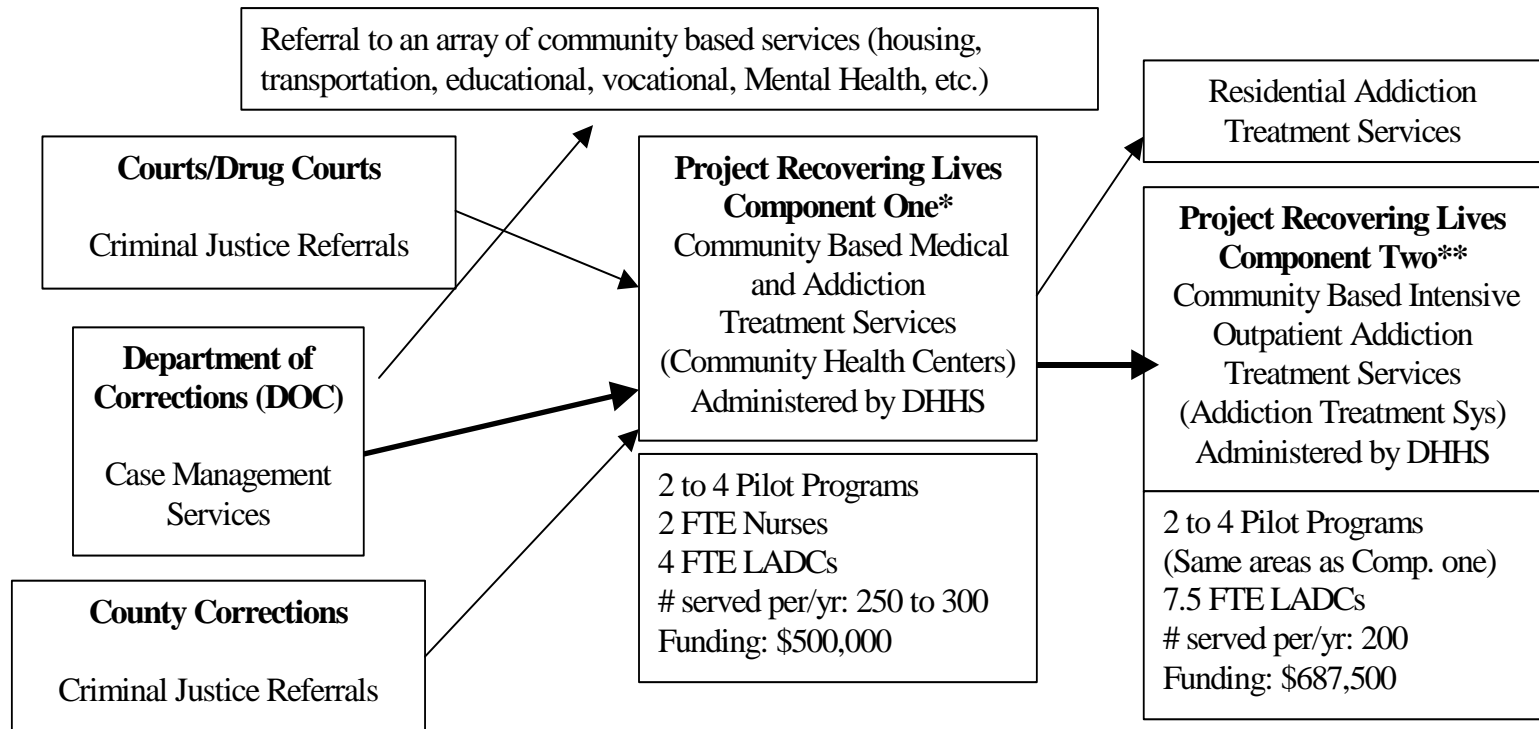
# Budget Highlights Substance Abuse

Governor's Commission on Alcohol and Drug Abuse Treatment and Recovery							
Commission Funds Budgeted in Maintenance Budget							
	SFY08				SFY09		
Figures Rounded to \$000	Treatment	Prevention	Total		Treatment	Prevention	Total
SFY 07 Projects Maintained	\$1,305	\$1,120	\$2,425		\$1,305	\$1,120	\$2,425
Prevention Certification	\$0	\$13	\$13		\$0	\$13	\$13
Treatment Expansion Initiative (CJ/DCYF)	\$1,463	\$0	\$1,463		\$1,463	\$0	\$1,463
Merrimack/Belknap Counties Detox	\$275	\$0	\$275		\$275	\$0	\$275
Treatment Best Practices	\$23	\$0	\$23		\$45	\$0	\$45
Family Support	\$6	\$0	\$6		\$6	\$0	\$6
COD Tx Program	\$387	\$0	\$387		\$387	\$0	\$387
Smart Moves	\$100	\$0	\$100		\$100	\$0	\$100
New Initiatives	\$2,253	\$13	\$2,266		\$2,276	\$13	\$2,288
Total	\$3,558	\$1,133	\$4,691		\$3,580	\$1,133	\$4,713



# Project Recovering Lives Criminal Justice System

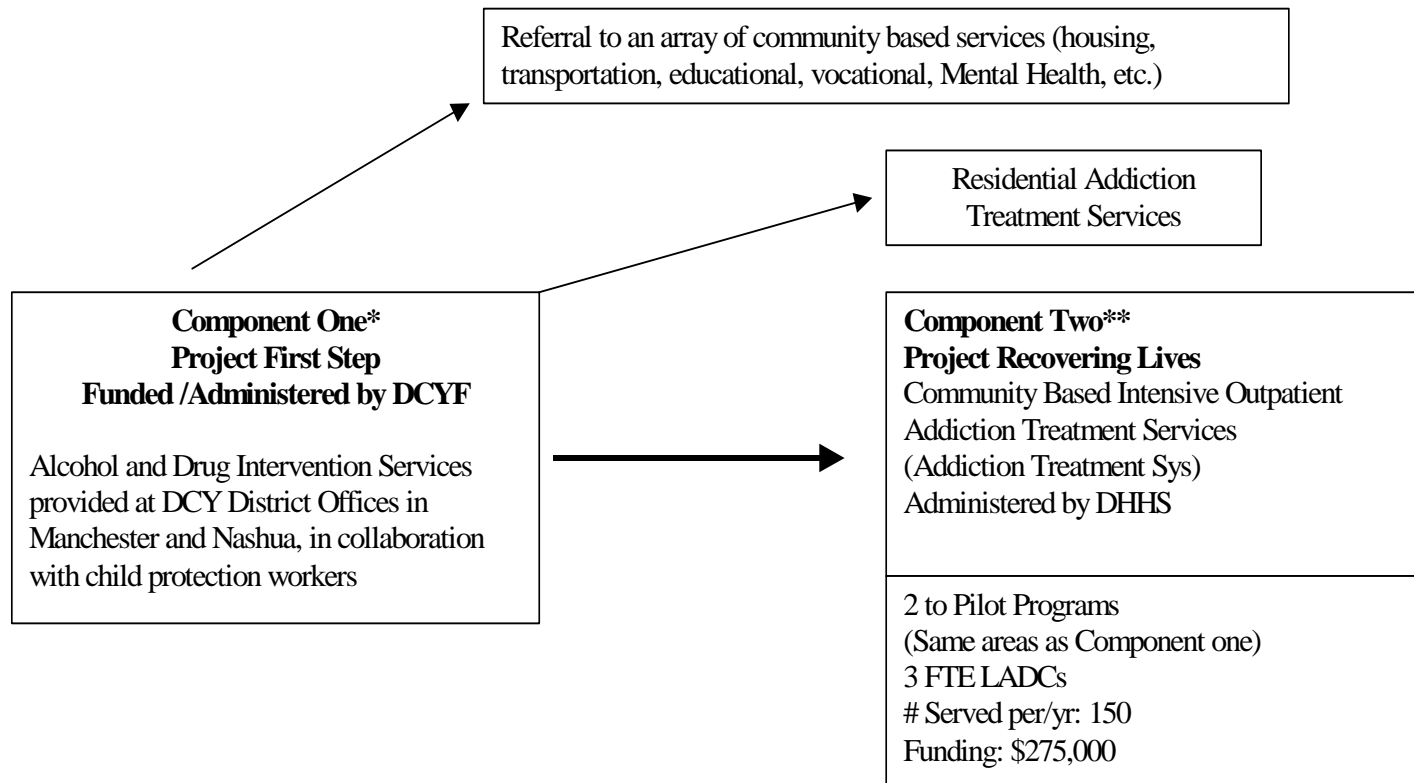
## Criminal Justice System - Components One & Two





# Project Recovering Lives Treatment Services

## Treatment Services - Components One & Two





# Budget Highlights-Long Term Care

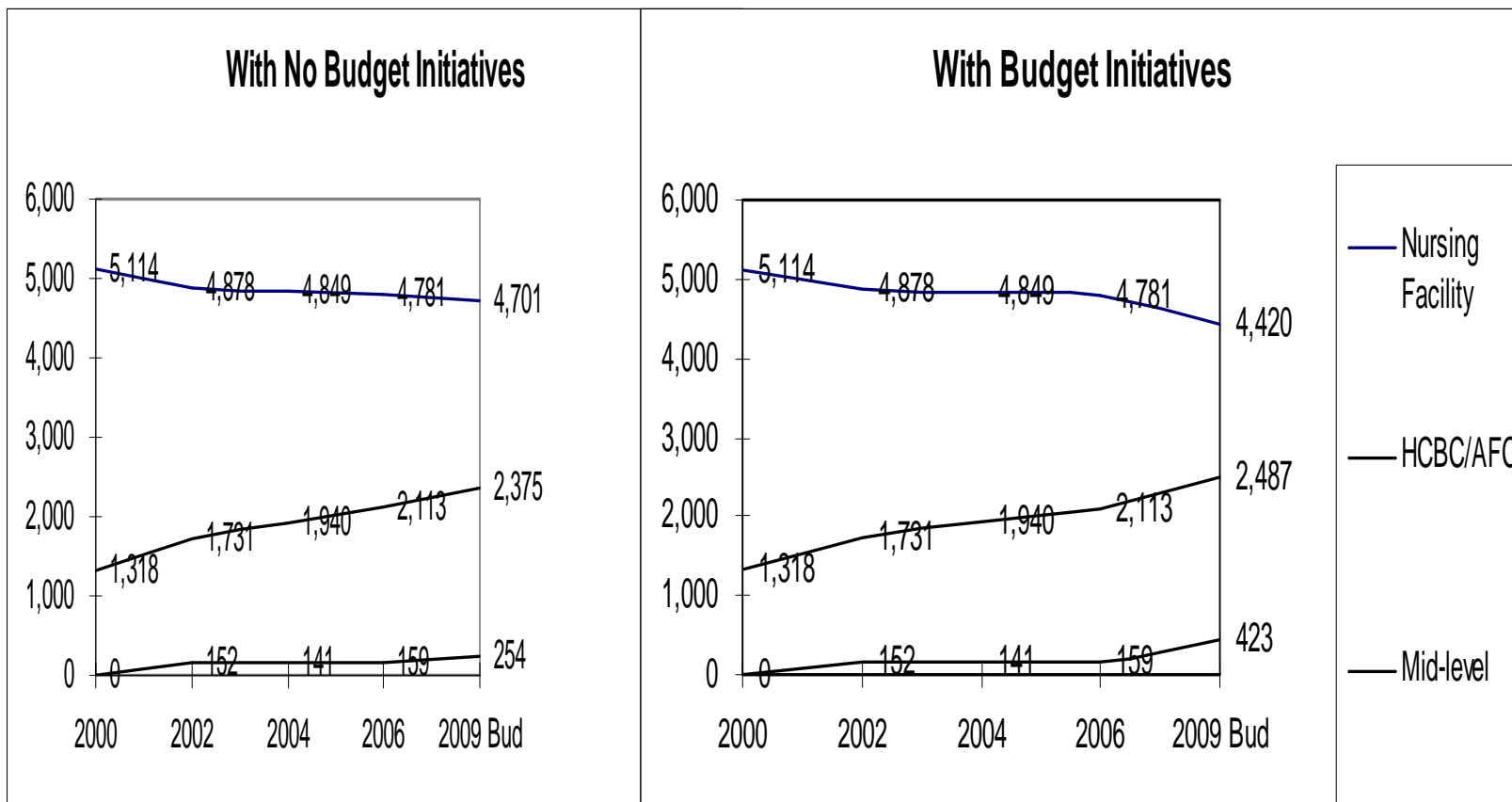
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Supports long term care provided in the community

- GraniteCare
- Money Follows the Person
- Cash & Counseling
- Senior Wellness Programs



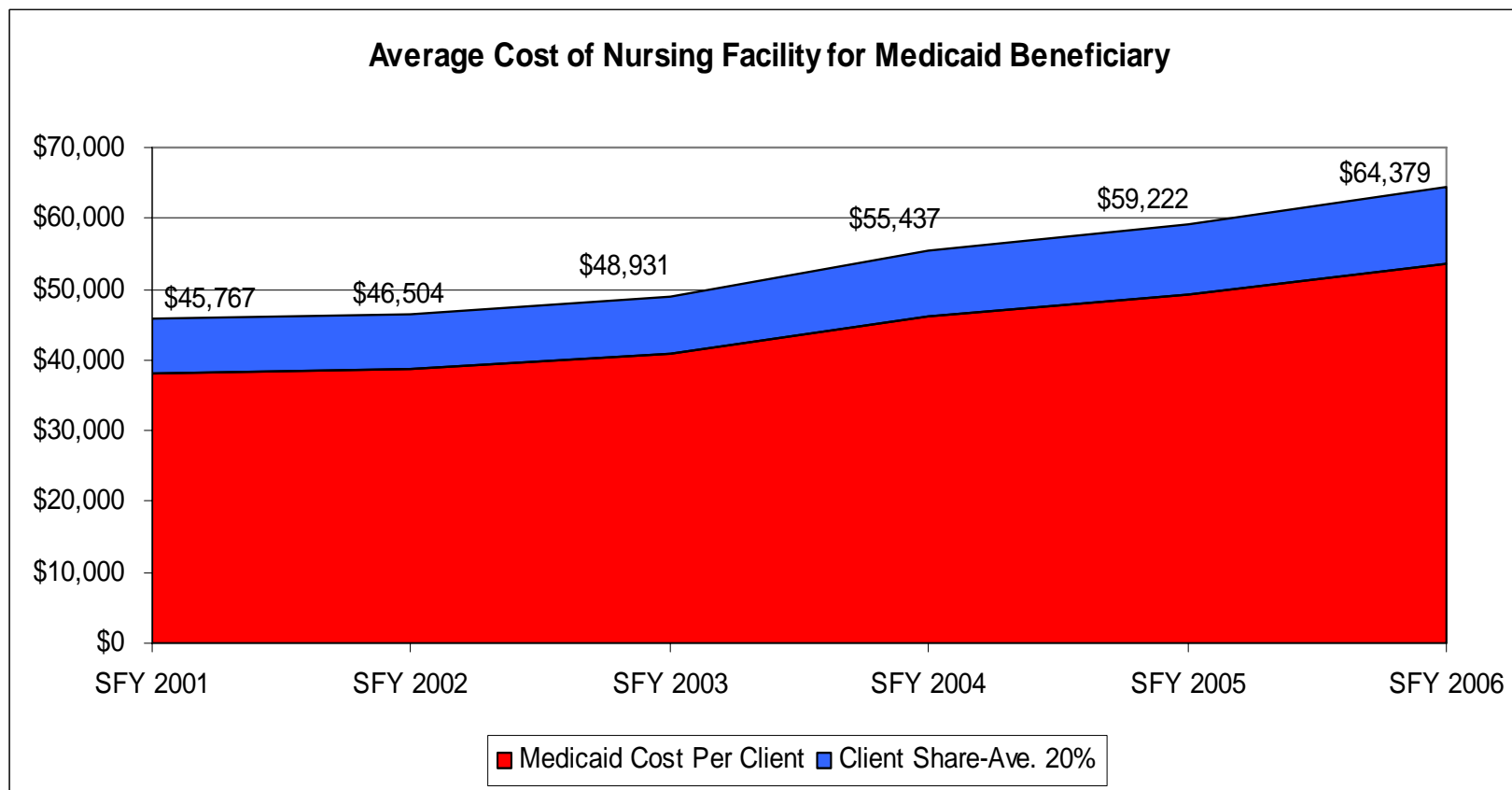
# Long Term Care Clients





# Cost Per Client In Nursing Facilities

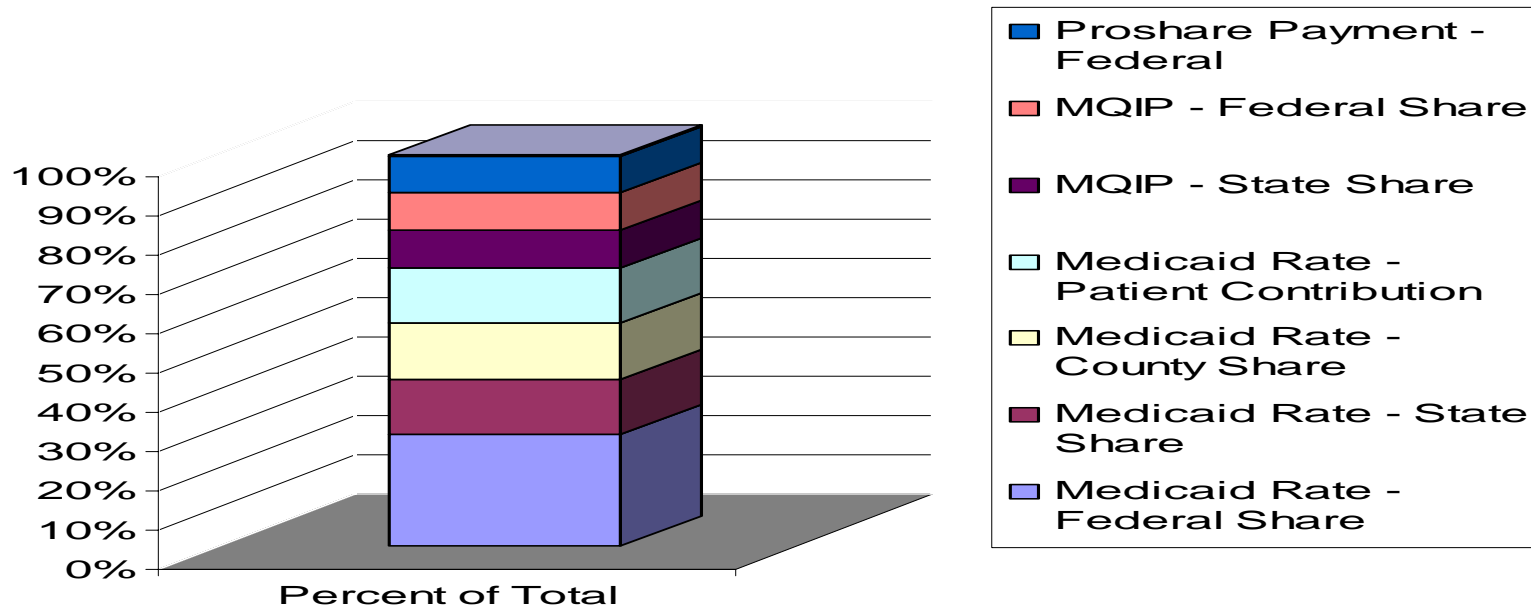
Includes MQIP and Proshare





# Average Payment to County Nursing Facility

**Average County Rate By Payer Source**





# Budget Highlights-Children

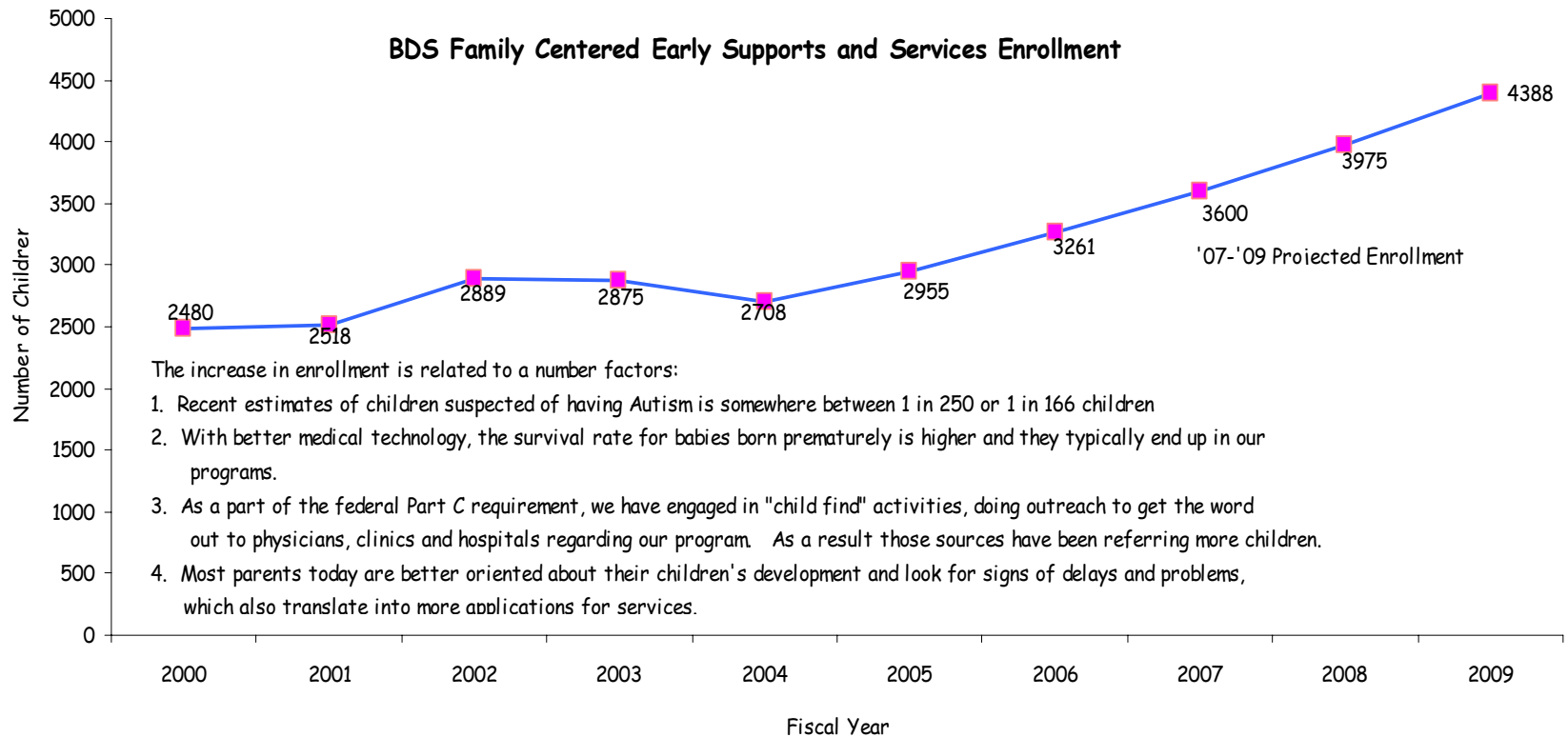
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Strengthens continuum of care for children

- Improved case review process to minimize the need for out-of-home placement for children
- Continue program modeling for the new John H. Sununu Youth Services Center
- Increased funding for early intervention support services
- Increase in funding for SCHIP program (13% over SFY06/07)



# Family Centered Early Intervention Support and Services Enrollment





# Budget Highlights Medical Services

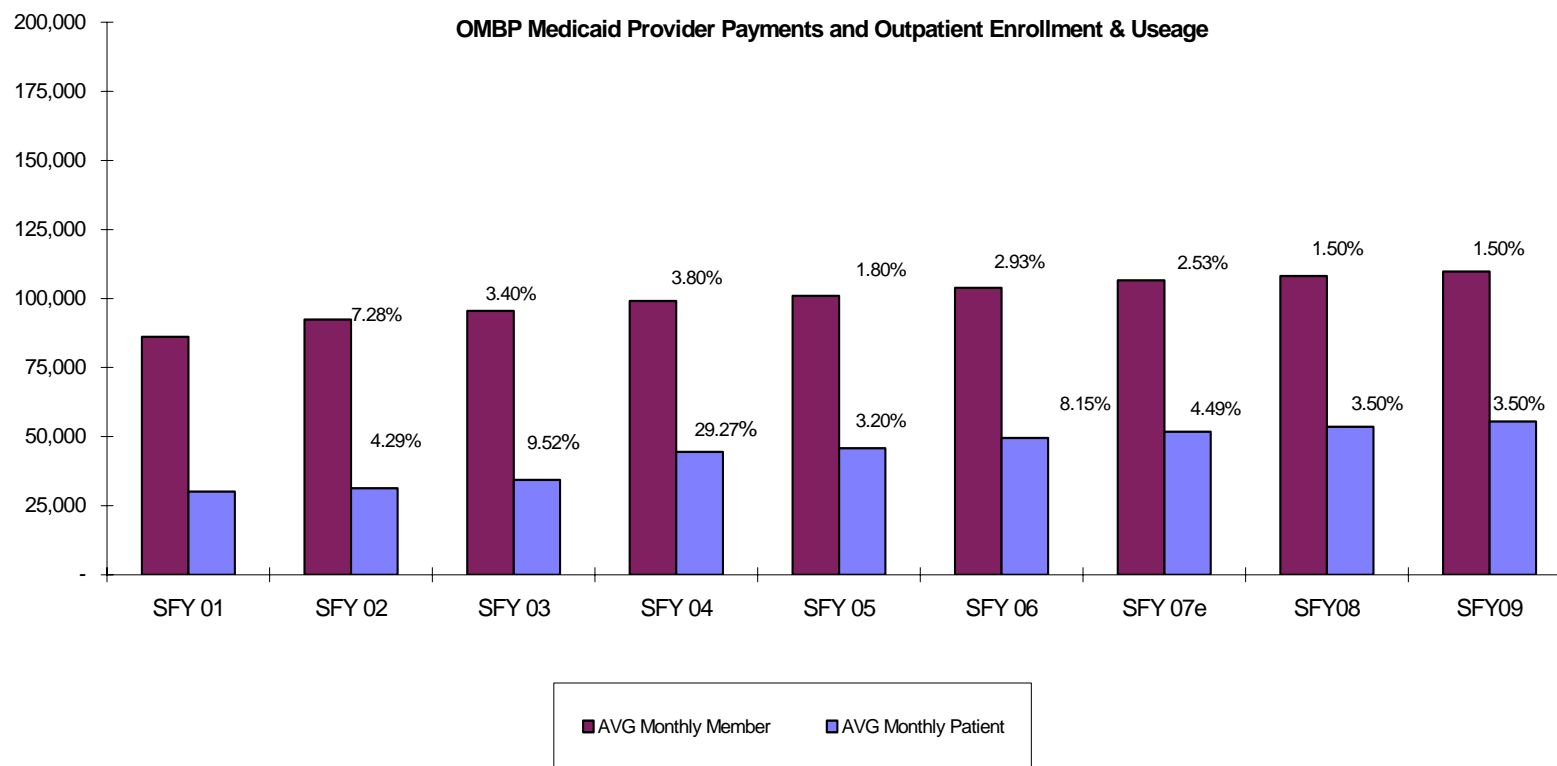
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Supports more participation and responsibility  
of Medicaid clients for their health and well being

- GraniteCare enhanced care coordination pilot project (HB2, L2005)
- Implement cost sharing for certain Medicaid clients-
  - Endorsed by National Governors' Association
  - Authorized by federal Deficit Reduction Act
  - Budgeted cost sharing at 50% of federal allowable for those above 150% of the federal poverty limits
- Information technology projects in support of Medicaid transformation



# OMBP Medical Assistance Growth in Members



November 17, 2006



# Budget Highlights-TANF

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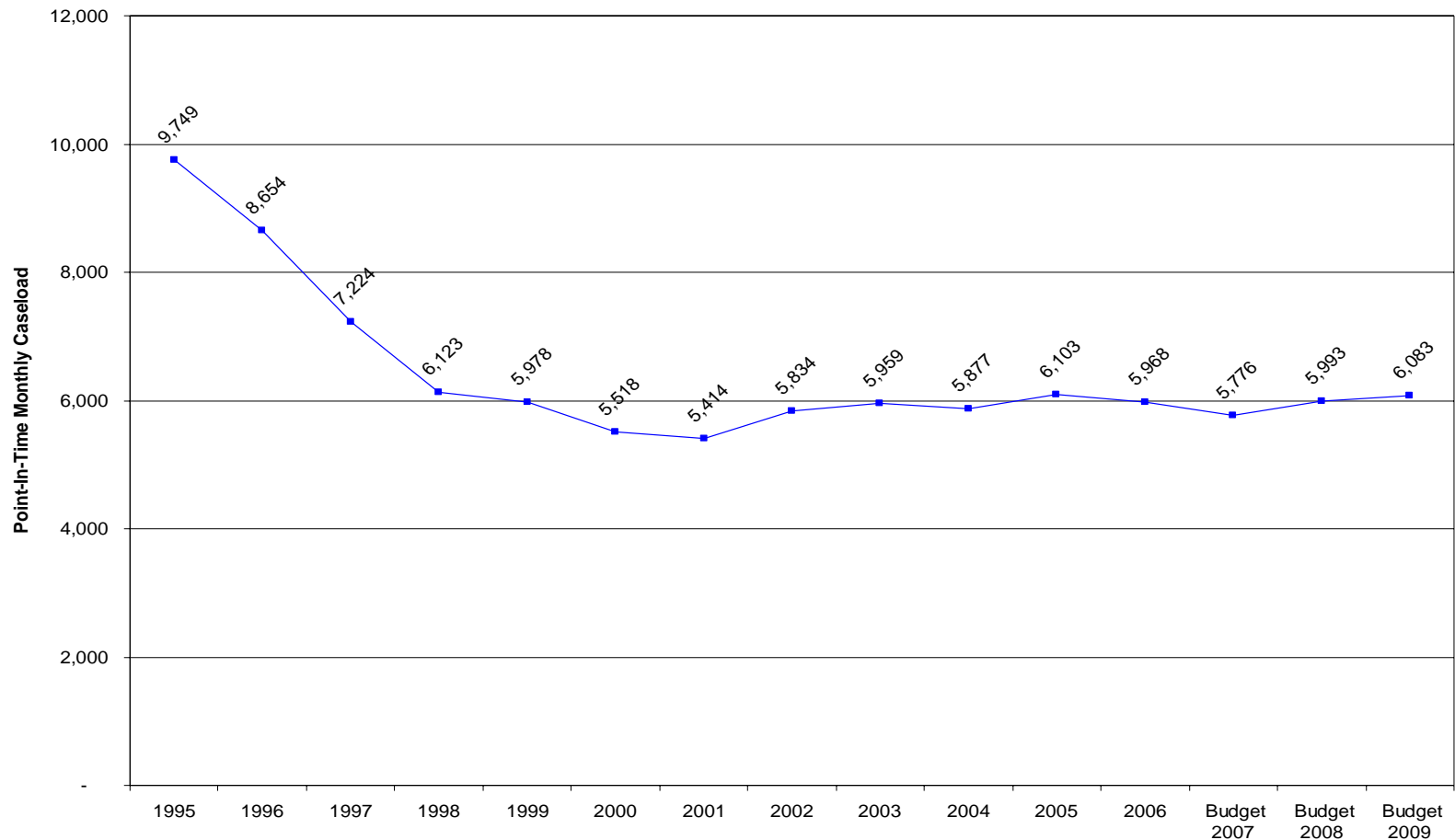
Enhanced supports to help parents of  
TANF program move to  
financial independence through work

- Work Participation Plan
- Develop child care resources



# TANF

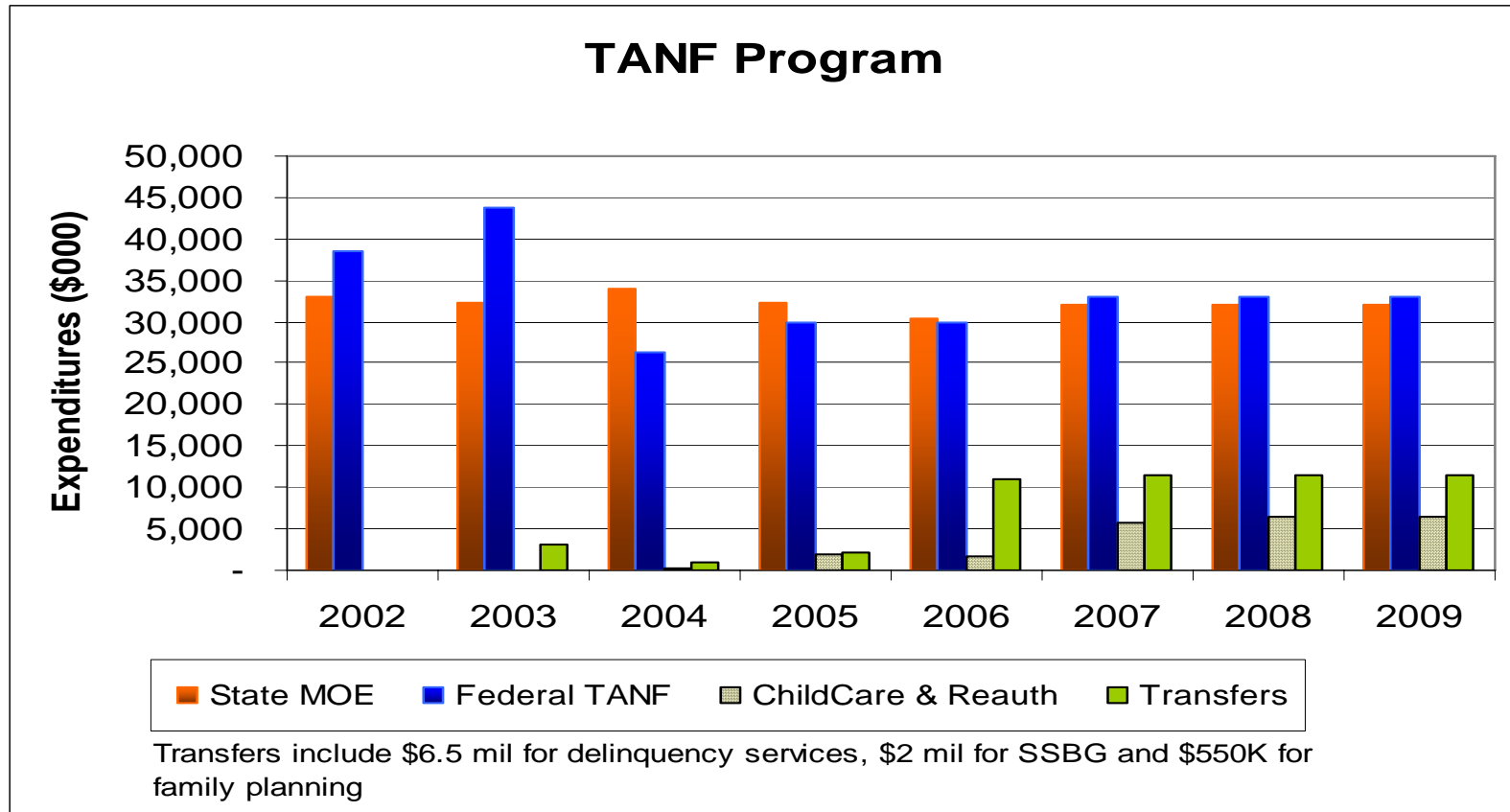
## Point-In-Time Monthly Caseload



November 17, 2006



# TANF Program





# TANF Reauthorization Work Participation Plan

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## ➤ Child Care Support

Funding for additional child care placements

Child Care Solutions Program: Encourage participants to become child care providers

Child Care Boost: Develop additional license-exempt, neighborhood child care providers.

Enhance child care barrier identification and resolution through prompt and accessible resource and referrals

## ➤ Transportation Support

Funding for additional transportation costs

Increase mileage rate from \$.25 to \$.30

Expand Good News Garage services for clients in remote areas



# TANF Reauthorization Work Participation Plan

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## ➤ Employment Support

Community actions programs to develop community work experience

Statewide AWEF Development Project

Work Experience Placements (WEP's): field staff expected to increase slots and placements weekly; assign filed responsibility, track, monitor and report back

## ➤ Outreach-Conduct outreach campaign

## ➤ Post Employment Support

Job Retention & Re-employment Support-Extended case management, mentoring, work subsidies to employers, training programs

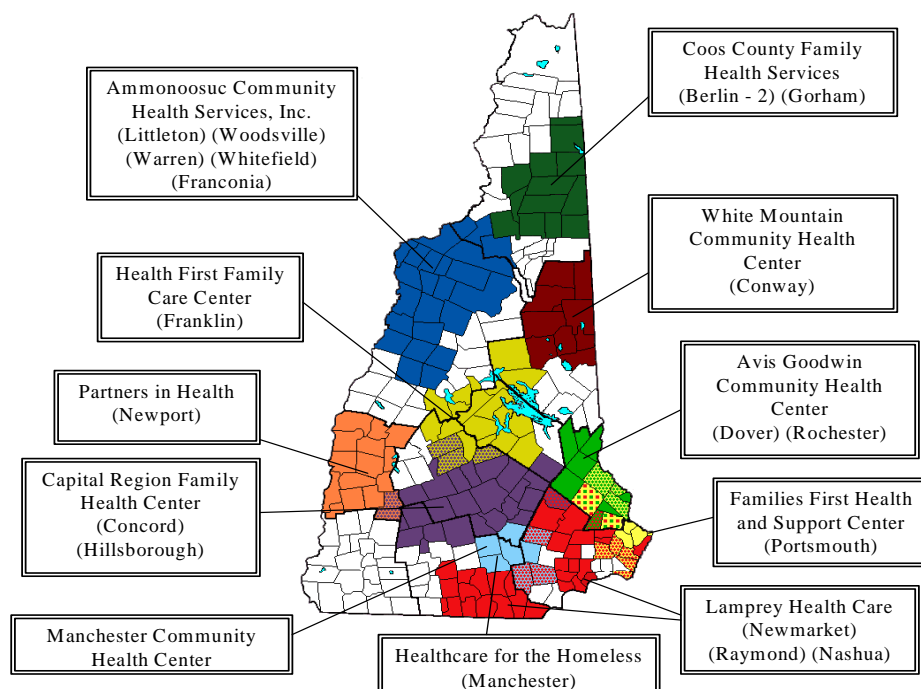
Entitlement Supports-Referrals to support services available in the community and from entitlement programs such as Medicaid and food stamps

Barrier Resolution Supports-Child care, Transportation, Work-related expenses



# Community Health Centers Core Funding \$3.1 Million

## DPHS-funded CHC SERVICE AREAS



\*Textured areas denote towns in two or more CHC service areas.

\*Based on service areas April 2004.



# Secure Psychiatric Unit

## Estimated Financial Impact of Sexual Predator Evaluation and Move of Secure Psychiatric Unit

Figures round to \$000

	Capital Budget	SFY08	Operating Costs SFY09	SFY10	SFY11
<b>Psychiatric Evaluations</b>					
Related to requirements of HB1692 for assessment and evaluation services		\$200	\$200	\$200	\$200
Development of programming for sexual offenders currently at the Hospital		\$86	\$86		
<b>Secure Psychiatric Unit</b>					
Relocate the Secure Psychiatric Unit from Dept of Corrections to DHHS, Tobey Bldg					
Renovations to Tobey Building	\$24,800				
Operating Costs					
Program development and construction management		\$600	\$984		
Operating Costs (primarily personnel-220 new positions)				\$7,331	\$17,316
Potential federal participation				(\$2,565)	(\$8,311)
<b>TOTALS</b>	<b>\$24,800</b>	<b>\$886</b>	<b>\$1,270</b>	<b>\$4,966</b>	<b>\$9,205</b>

SPU Phase-in will anticipated to begin July 2009 (FY10) and continue in increments of 12 bed pods every 3 months and completed by November 2010 (FY11) to full capacity of 68 - 72 beds.



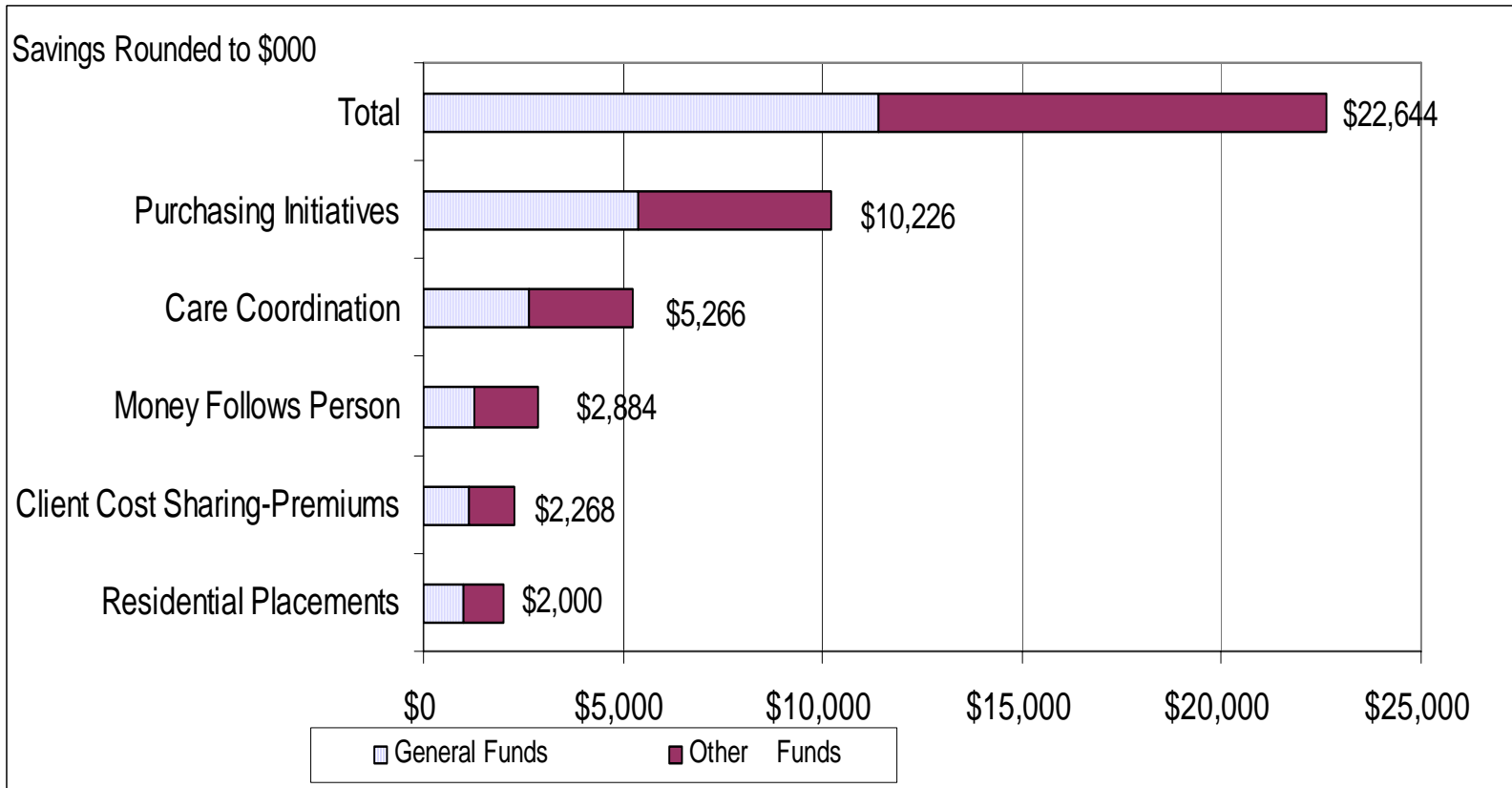
# Budget Highlights-Management

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Innovative and equitable changes  
in how we pay for services

- Selective contracting
- Competitive bidding and multi-state purchasing pool for DME
- Performance based contracting with community mental health centers
- Pay for Performance pilot program
- Rate increases for most providers

# Savings From Initiatives Included in Budget





# Purchasing Initiatives

According to former CMS Administrator Mark B. McClellan, one element to modernize the Medicare program is to use market forces to help avoid setting prices that do not respond to improvements and efficiency and to obtain savings for the program and its beneficiaries.

Budget includes several initiatives to bring best practices

	Rounded to \$000	SFY08	SFY09	Total
	Physician services billed on code 510	\$500	\$500	\$1,000
	Purchasing-Selective Contracting			
	2.5% on inpatient and outpatient	\$3,028	\$3,176	\$6,204
	Bidding for medical equip & supplies	\$817	\$817	\$1,633
	10% Cap on Indirect costs	\$652	\$738	\$1,389
	Transportation Broker	\$0	\$0	0
		\$4,996	\$5,230	\$10,226



# Selective Contracting

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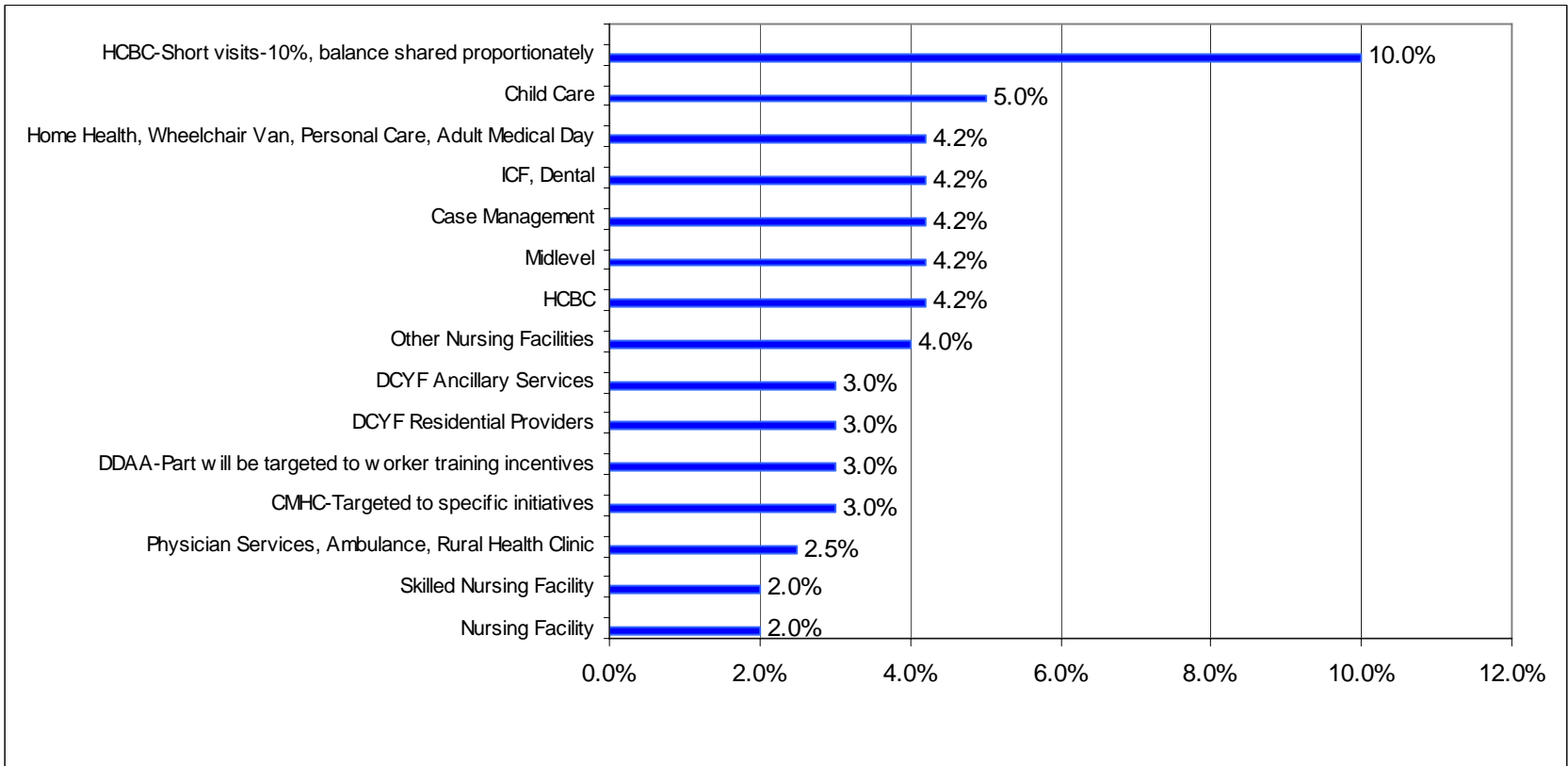
New Hampshire Medicaid Selective Contracting Initiative includes:

- Solicitation of for services such as:
  - Ambulatory Surgery, Diagnostic Radiology, OB & Delivery
- Awarding contracts based on best combination of price, quality, accessibility
- Multiple awards are anticipated to ensure adequate coverage
- Services will be subject to prior authorization to direct patients to contracting provider
- Quality measures will be established and monitored for each service
- Expected results: To concentrate provision of selected non-emergency services in a limited number of less-costly providers meeting defined center-of-excellence quality standards

Durable Medical Equipment & Supplies:

- New Hampshire has proposed to form a multi-state pool for purchase of certain commodity supplies.

# Provider Rate Increases Included in Budget





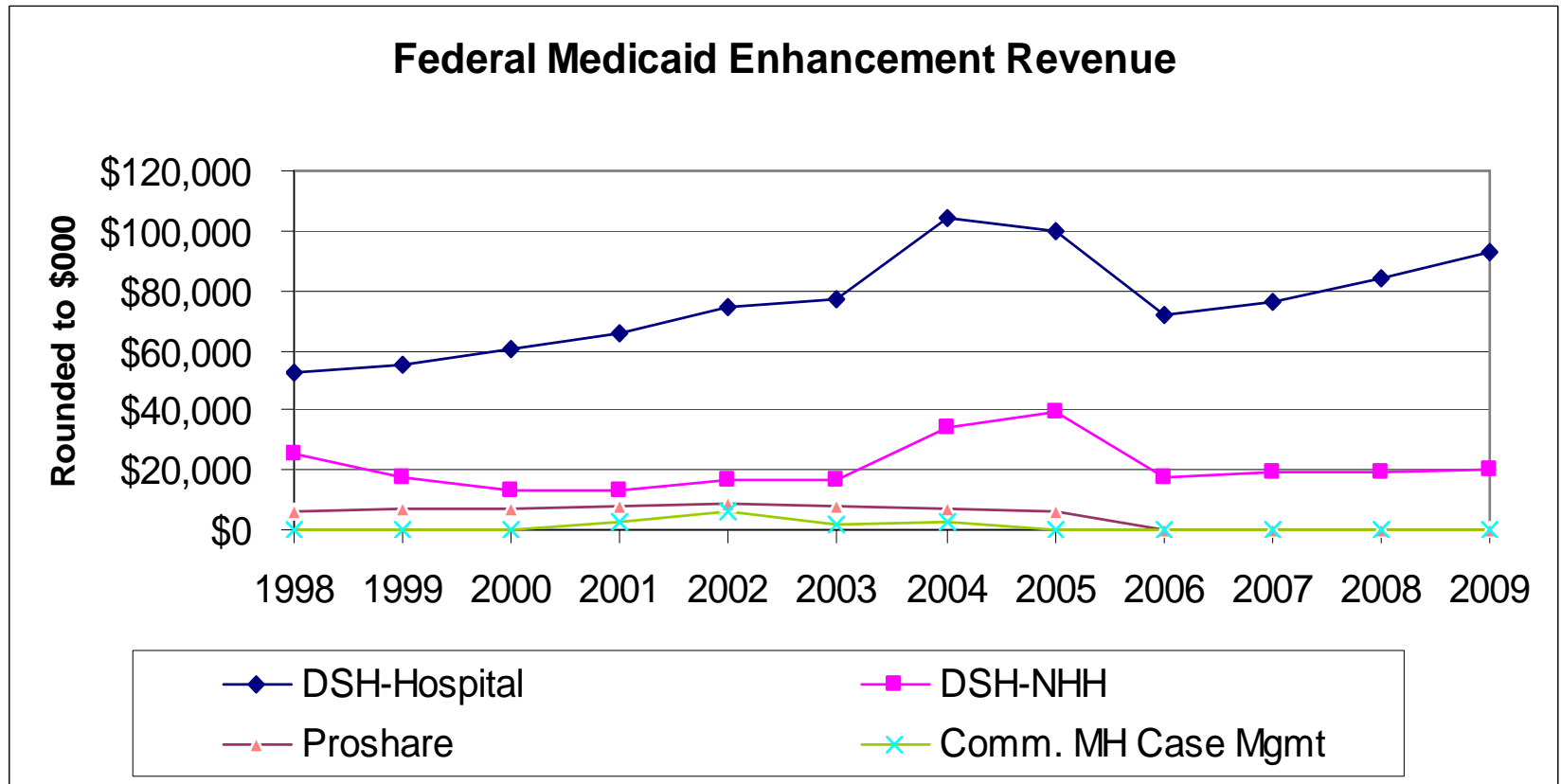
# Federal Revenue

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- Deficit Reduction Act
- Evolving interpretations of regulations
- TANF Reauthorization changed funding formulae
- Block Grants
  - Social Service Block Grant
  - Public Health Block Grant



# Medicaid Enhancement Revenues





# DHHS Operating Philosophy

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Preserve service levels through greater operating efficiencies, service system integration, continuous improvement and cost containment to maximize the value provider from taxpayer dollars.

Improve client outcomes by better coordination of services and more accountability of clients and providers.



# DHHS Budget Summary

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The DHHS Maintenance Budget Proposal for F08-F09:

- Fully funds DD waitlist
- Expands outpatient services for alcohol and substance abuse
- Supports long term care provided in the community
- Strengthens continuum of care for children
- Supports more participation and responsibility of Medicaid clients for their health and well being
- Supports parents of TANF program move to financial independence
- Includes innovative and equitable changes in how we pay for services
- Limits new State funding to a little over 5% per year



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# Questions and Answer Session

Thank You